

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51		2						
2							52		2						
3							53		2						
4							54		2						
5							55		2						
6							56		2						
7							57		2						
8							58		2						
9							59								
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
17							67								
18	1						68								
19		1					69								
20		2					70								
21		2					71								
22		2					72								
23		2					73								
24		2					74								
25		2					75								
26		2					76								
27		2					77								
28		2					78								
29	1						79								
30		1					80								
31		2					81								
32		2					82								
33		2					83								
34		2					84								
35		2					85								
36		2					86								
37		2					87								
38		2					88								
39		2					89								
40		2					90								
41		2					91								
42		2					92								
43		2					93								
44	1						94								
45		1					95								
46		2					96								
47		2					97								
48		2					98								
49		2					99								
50		2					100								
TOTAL IND.							TOTAL IND.	3							
TOTAL DEP.							TOTAL DEP.	73							
TOTAL CLAIMS							TOTAL CLAIMS	76							